



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,  
Baltimore, Maryland 21215 – 2299

Web Site: [www.dhmh.md.gov/bswe](http://www.dhmh.md.gov/bswe)

Phone Number: 410-764-4788

Toll Free: 1-877-526-2541

Fax: 410-358-2469

November 1, 2014

Dear Applicant:

An inactive or non-renewed license may be reactivated or reinstated within a **5-year period from the expiration date**. After the 5-year time frame an individual must reapply for licensure and meet the current requirements for licensure.

► **The Maryland Board of Social Work Examiner's web site, [www.dhmh.md.gov/bswe](http://www.dhmh.md.gov/bswe), lists the license number, status and expiration date under the section labeled "verifications".**

NOTE: License status "I" = Inactive – reactivation application needed.  
License status "N" = Non-renewed – reinstatement application needed.

Please read all of the material carefully and thoroughly, especially the instructions and continuing education information

The following must be submitted to the Board:

- 1) The reactivation/reinstatement application;
- 2) The appropriate fee; (**see next page**)
- 3) The continuing education report form; and
- 4) Copies of the documentation for the required continuing education credit hours.

If you do not have the required number of continuing education credit hours, the Board may grant a **request for an extension of time in order for the credit hours to be obtained**. Please review the section regarding continuing education in the instructions.

APPLICATIONS ARE **GENERALLY PROCESSED IN 7 TO 10 BUSINESS DAYS**

**Due to Title protection, an individual may not practice social work or refer to herself/himself as a social worker until the license is reactivated or reinstated.**

Sincerely,

**NO EXTENSION WILL BE AUTHORIZED  
FROM 11/1/14 -4/30/15 FOR LICENSES WITH  
AN EXPIRATION DATE OF 10/31/2014**

Deborah A. Evans, BA, BS  
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Continuing Education  
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Enclosures

**PRACTICING SOCIAL WORK WITHOUT AN ACTIVE LICENSE IS A VIOLATION OF THE LAW AND COULD RESULT IN THE DENIAL OF A LICENSE AND/OR PROSECUTION.**

### **INSTRUCTIONS**

#### **SIGNATURE LINE**

**PLEASE BE SURE TO SIGN AND DATE THE FORM IN THE SPACE PROVIDED**

#### **PAYMENT AND FEES**

Please make your check or money order payable to the Maryland Board of Social Work Examiners. Include the license number on your check or money order.

<b>LEVEL'S</b>	<b>REACTIVATION</b>	<b>REINSTATEMENT</b>
LBSW	\$105.00	\$180.00
LGSW	\$190.00	\$265.00
LCSW	\$250.00	\$325.00
LCSW-C	\$250.00	\$325.00

#### **NOTIFICATION OF CHANGE IN NAME OR STREET ADDRESS OR EMAIL ADDRESS:**

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. For a change in address, postal and / or email, please use the form on the Board's website. For a change in name, please mail or fax a copy of legal documentation to the Board. The Board's newsletter and various notifications are sent to licensees using the email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

#### **SOCIAL SECURITY NUMBER, RACE, AND DATE OF BIRTH**

This information is required and will be used for identification purposes only.

#### **QUESTIONS #1 THROUGH #7**

Answer all questions with a yes or no. For each questions answered with a yes, please attach a detailed explanation. For question #4 and #5 also provide a certified copy of the police/court record and final disposition.

#### **CONTINUING EDUCATION**

##### **Reactivation & Reinstatement**

**40 (30 for LBSW's)** continuing education credit hours obtained in the 2 years preceding the submission of the application for reactivation or reinstatement.

The section concerning continuing education must be completed. **Check yes** if the required credit hours have been completed. **STAPLE COPIES OF THE CONTINUING EDUCATION DOCUMENTATION** to the completed Continuing Education Credit Report form. **Check no** and select the length of time needed if the required credit hours have not been completed.

**NO EXTENSION WILL BE AUTHORIZED FROM  
11/1/14 -4/30/15 FOR LICENSES WITH AN  
EXPIRATION DATE OF 10/31/2014**

**A request for an extension of time in order to obtain the required number of continuing education credit hours can be requested by checking the appropriate box on the reactivation or reinstatement application. NOTE: THE BOARD MAY OR MAY NOT AUTHORIZE AN EXTENSION.**

**THE FOLLOWING INFORMATION IS NOT INTENDED TO SUBSTITUTE  
FOR READING COMAR 10.42.06 (REVISED MARCH 22, 2010)**

**CONTINUING EDUCATION REFERENCE INFORMATION**

**CATEGORY I**

- Programs given by Board-authorized sponsors, with individual sessions of at least 1 hour.
- Real-time transactions between teachers and learners and may include face-to-face transactions and interactive technology (webinar).
- Courses, seminars, workshops, symposiums, conferences, staff development, attendance at programs offered at professional or scientific meetings

**Credits**

- At least 20 (15 for LBSWs) of the required 40 (30 for LBSWs) credit hours must be earned in this category.
- All 40 (30 for LBSWs) credit hours may be earned in this category.
- At least 3 Category I credit hours must be earned in ethics and professional conduct, including boundary issues or pertaining to the standards of practice and laws governing the profession of social work in Maryland.

**Documentation**

- An official transcript for academic courses; or
- A certificate of participation, which is signed and dated by the approved sponsor indicating credit hours earned.

**Category II Activities**

- Programs which are less structured or are not Board-authorized.
- Workshops, conferences, in-service trainings, structured peer-case conferences among, audio-visual instructional programs, journal clubs, preparation and presentation of a scientific or professional paper at a meeting of a professional or scientific organization; authoring, editing or reviewing a professional publication; preparing and presenting Approved face to face programs.
- Home-study programs of instruction, audiovisual and Internet on-line courses provided by a Board approved Category I sponsors.

**Credits**

- Twenty (20) (15 for LBSWs) of the required 40 (30 for LBSWs) credit hours may be earned in this category.

**Documentation**

- A certificate of participation, if available; or
- If a certificate of participation is not available: the dates when the program was presented; the name(s) of the presenter(s); topics presented; and an outline of the presentation (this could be from your notes). (This documentation qualifies for Category II only)
- Post-test passing score for audio-visual and home study programs or a certificate of participation if available. Proof of presentation made, reprints of publications, letters from educational institutions when credit is claimed for the instruction of students;
- Dates, times and names of participants in structured peer-case conferences and journal club activities.

### **ETHICS REQUIREMENT:**

3 Category I credits in Category I (every two years) in “ethics and professional conduct, including boundary issues.” The Ethics requirement cannot be satisfied through home-study or online programs.

### **HOME STUDY , AUDIOVISUAL AND INTERNET ON-LINE PROGRAMS:**

The home-study program must be offered by a Board Authorized Sponsor and the licensee may obtain a maximum of 20 (15 for LBSW’s) Category II credit hours from home-study programs.

### **DIRECTORIES OF BOARD APPROVED SPONSORS:**

Maryland Board of Social Work Examiners: [www.dhmh.md.gov/bswe](http://www.dhmh.md.gov/bswe)

The Association of Social Work Boards: [www.aswb.org](http://www.aswb.org)

The National Association of Social Workers: [www.socialworkers.org](http://www.socialworkers.org)

### **COMPARISON OR CONVERSION CHART**

#### \*Credit Education Hour(s)

1 Academic Credit.....	5 credit hours
1 Academic <u>Audit</u> Credit.....	3 credit hours
1 OETAS Credit**.....	10 credit hours
1 Clock Hour.....	1 credit hour
1 Contact Hour... ..	1 credit hour
1 50 Minute Class Hour... ..	1 credit hour

\*Continuing Education Hour(s): to determine the number of equivalent credit hours consider the number of hours in the program excluding all breaks (mid-morning, lunch time and mid-afternoon).

\*\*OETAS Credits: The Office of Education and Training for Addiction Services



## EDUCATION

Degree ☐ BSW ☐ MSW Graduation Year \_\_\_\_\_

College / University \_\_\_\_\_ State \_\_\_\_\_

## CONTINUING EDUCATION

Have you obtained the required 40 Continuing Education Credit Hours? ☐ Yes ☐ No if YES, complete CE Form & submit all certificates

If NO, please indicate the length of time needed to obtain credit hours? MONTHS ☐ 2 ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12

## LICENSES / REGISTRATIONS / CERTIFICATIONS HELD

License number, issuance and expiration date can be found on the Board's website

**NO EXTENSION WILL BE AUTHORIZED FROM 11/1/14 -4/30/15 FOR LICENSES WITH AN EXPIRATION DATE OF 10/31/2014**

List **ALL** ( Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline		FOR BOARD USE ONLY
MD					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## ANSWER ALL QUESTIONS

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.

FOR QUESTIONS # 4 AND # 5 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7) Since your license expired, have you worked as a social worker in Maryland, held a social work position in Maryland, or held a position which required social work licensure, in Maryland? If yes, please attach a detailed explanation, the dates of employment, a copy of the job description and qualifications, and the name of your social work supervisor.

## APPLICANT'S AFFIDAVIT

**ALL FORMS / DOCUMENTATION MUST BE ORIGINALS**

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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## Continuing Education Report Form for **REINSTATEMENT OR REACTIVATION**

NAME

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LICENSE NO

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EMAIL

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## Attach Certificates

## Group certificates by Categories I or II

List programs & certificates in chronological order by date

Staple copies of the certificates to the report form

**CATEGORY I** ( Half of the credit hours must be in Category I - all of the required credit hours may be in Category I )

**Ethics Requirement:** 3 of the 40 (30 for LBSWs) credit hours in Category I

( ETHICS cannot be from an on-line program)

[illegible]

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CATEGORY II (**May earn** half of the required credit hours in Category II)

(20 (15 for LBSWs) credit hours may be obtained from home-study / on-line programs)

(Supervision / consultation is NOT accepted as a continuing education activity)

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	HOURS
			CATEGORY II TOTAL	
			<b>GRAND TOTAL</b>	

### COMPARISON OR CONVERSION CHART

	* Credit Education Hour(s)
1 Academic Credit	5 credit hours
1 Academic <u>Audit</u> Credit	3 credit hours
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1 Clock Hour	1 credit hour
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\* Continuing Education Hours(s): to determine the number of equivalent credit hours consider the number of hours in the program excluding all breaks (mid-morning, lunch time and mid-afternoon).

**\*\* OETAS credits: The Office of Education and Training for Addiction Services**

**I certify that I have earned the required hours of continuing education as required by the Board of Social Work Examiners**

Signature \_\_\_\_\_

Date